

**NORTH DAKOTA FARM MANAGEMENT EDUCATION
TUITION GRANT APPLICATION
NORTH DAKOTA RURAL REHABILITATION CORPORATION**

To be completed by the Farm Management Instructor

Operator's Name -	
Spouse's Name -	
Address -	
Phone -	Yrs. Enrolled in the Program -
Program Tuition is \$	Grant Request is \$

<p>1. Is the applicant eligible for the USDA Hot Lunch Program?</p> <p> yes _____ no _____ na _____</p>
<p>2. Does the farmer need additional financial aid to be a member of the Farm Management Program</p> <p> yes _____ no _____</p>
<p>3. Comments:</p>

Administrator's Signature -	
Instructor's Signature -	School -
Date -	Fiscal Year -

**Mail to: Steve Zimmerman
600 E Boulevard Avenue
State Capitol, 15th Floor Dept 270
Bismarck, ND 58505-0610**

**NORTH DAKOTA FARM MANAGEMENT EDUCATION
NORTH DAKOTA RURAL REHABILITATION CORPORATION
FARMER'S TUITION GRANT APPLICATION**

To be completed by the program enrollee.

Tuition is \$	Date -
Operator's Name -	
Spouse's Name -	
Number of Children - _____	
<u>Names</u>	<u>Ages</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Address -	
Phone -	
Please list some reasons for participating in the Farm Management Program	
List your long-term and family goals	
We agree to participate and take full advantage of the Farm Management Education Program.	
_____	_____
Operator's Signature	Spouse's Signature

**IN COOPERATION WITH THE DEPARTMENT OF CAREER & TECHNICAL EDUCATION
AND
FARM MANAGEMENT EDUCATION.**

